

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....1



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
DATE REC	CEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Series B Preferred Stock and the Common Stock issuable upon conversion thereof	1282375
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) imeem, inc. (formerly known as Optimeme, Inc.)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 261 Hamilton Avenue, Ste. 200, Palo Alto, CA 94301	Telephone Number (Including Area Code) (650) 331-0672
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including/Area Code)
Brief Description of Business Software Development	PROCESSE
Type of Business Organization Corporation limited partnership, already formed	may 1 0 200 THOMSON
business trust limited partnership, to be formed other	er (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A	. BASIC IDI	ENTL	FICATION DATA				
Enter the information requirements of the information and information requirements. Each promoter of the information requirements. Each beneficial owner of Each executive officer and Each general and managements.	ssuer, if the issuer had having the power to and director of corpo	s beer vote c orate i	or dispose, or direct the ssuers and of corporat	vote	or disposition of, 10%				securities of the issuer; nd
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if in Jannink, Jan Frederic	ndividual)							· -	
Business or Residence Address	(Number and Street	, City	, State, Zip Code)						
c/o imeem, inc., 261 Hamilton	Avenue, Ste. 200, 1	Palo A	Alto, CA 94301						
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)								
Caldwell, Dalton									
Business or Residence Address	(Number and Street	, City	, State, Zip Code)						
c/o imeem, inc., 261 Hamilton	Avenue, Ste. 200, l	Palo A	Alto, CA 94301						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if in	ıdividual)								
Aydar, Ali									
Business or Residence Address	(Number and Street	, City	, State, Zip Code)						
c/o imeem, inc., 261 Hamilton	Avenue, Ste. 200, l	Palo A	Alto, CA 94301						
Check Box(es) that Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)							-	
Morgenthaler Partners VII, L	Р.					_			
Business or Residence Address	(Number and Street	, City	, State, Zip Code)						
c/o imeem, inc., 261 Hamilton	Avenue, Ste. 200, i	Palo A	Alto, CA 94301						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if in Gullicksen, Ken	ndividual)								
Business or Residence Address	(Number and Street	, City	, State, Zip Code)						
c/o imeem, inc., 261 Hamilton		•							
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)								
Little, Gary									
Business or Residence Address	(Number and Street	, City	, State, Zip Code)						
c/o imeem, inc., 261 Hamilton	Avenue, Ste. 200, 1	Palo A	Alto, CA 94301						
	(11111-	-14			1 Calin almost				

				В.	INFOR	MATION A	ABOUT OF	FFERING				
1. Has th	ne issuer sold,	or does the is	ssuer intend t	o sell to no	n-accredited	investors in t	his offering?	,	_		Yes	No
1. 1143 (ic issuer soru,	or does the it	saci interia i				-	ınder ULOE.		***************************************		
2. What	is the minimu	m investmen	t that will be	accepted fro	m any indivi	idual?	••••••		••••		\$	n/a
3. Does	the offering pe	ermit joint ov	vnershin of a	single unit?							Yes ⊠	No
	the informatio	-	•	•								
	neration for sol						•	•				
than f	ive (5) persons		-									
dealer Full Name	r only. (Last name fir	st, if individu	ıal)					· · · · · · · · · · · · · · · · · · ·	····	-	 	
		11 01 1	1.0	. C: S: 1	7: (0.1)		·					
Business or	Residence Ad	ddress (Numi	per and Stree	t, City, State	, Zip Code)							
Name of As	ssociated Brok	er or Dealer										
States in W	hich Person L	isted Has So	icited or Inte	nds to Solic	it Purchasers	-						
(Check "	'All States" or	check indivi	duals States)		•						☐ A!	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Eull Nome	(Last name fir	et if individu	us1\					*** V				
run Name	(Last name in	st, it maividt	iai)									
Business or	Residence A	ddress (Numl	per and Stree	t, City, State	, Zip Code)			-				
Name of As	ssociated Brok	er or Dealer										
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers	·····						
	'All States" or										Па	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	[ID]
			[KS]			[ME]	[MD]		, -	[MN]	[MS]	[MO]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[NH]	[KY] [NJ]	[LA] [NM]	(ME) [NY]	[NC]	[[MA] [ND]	[MI] [OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[144]		[02]	, ,	[,,,,	[0.1]			1,	[,, ,]	1	[., .]	[* ^*J
Full Name	(Last name fir	st, if individu	ıal)									
Business or	Residence A	ddress (Numl	per and Stree	t, City, State	, Zip Code)							
Name of As	ssociated Brok	ker or Dealer										
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers		·			en e		<u> </u>
	'All States" or								*****************		□а	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use l	olank sheet,	or copy and t	use additiona	l copies of th	nis sheet, as n	ecessary)		¥	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF I	PROCEEDS		
•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	There of County		Aggregate	Am	ount Already
	Type of Security Debt		Tering Price ()	\$	Sold 0
	Equity				3,013,369.35
	☐ Common ☐ Preferred	<u> </u>	<u></u>	<u>*</u>	2701272722
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	<u>\$</u>	3,013,369.35	<u>\$</u>	3,013,369.35
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				A =====4-
			Number Investors	Do o	Aggregate llar Amount f Purchase
	Accredited investors		-	<u>\$</u>	3,013,369.35
	Non-accredited Investors			\$	n/a
	Total (for filings under Rule 504 only)		n/a	\$	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.				
} .	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		Type of Security	Do	llar Amount Sold
	Rule 505		•	\$	n/a
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	\$	n/a
.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	·····
	Legal Fees		\boxtimes	\$	16,500.00
	Accounting Fees			\$	· · · · · · · · · · · · · · · · · · ·
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		\boxtimes	\$	16,500.00

76	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PRO	OCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	l		\$_2,996,869.35
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to telft of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer forth in response to Part C - Question 4.b above.	he		
		Payme Officers, Di Affili	irectors &	Payments To Others
	Salaries and fees	\$	0	□ \$ <u> </u>
	Purchase of real estate	\$	0	\$ <u>0</u>
	Purchase, rental or leasing and installation of machinery and equipment	\$	0	\$ 0
	Construction or leasing of plant buildings and facilities	\$	0	□ \$ <u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	S	0	□ \$ <u> </u>
	Repayment of indebtedness	\$	0	□ \$ <u> </u>
	Working capital	S	0	⊠ \$ <u>2,996,869.35</u>
	Other (specify):	S	0	□ s <u> </u>
	Column Totals	<u> </u>	0	∑ \$ <u>2,996,869.35</u>
	Total Payments Listed (column totals added)	×	\$ <u>2,99</u>	<u>6,869.35</u>

(Print or Type)	Signature	Date
, inc.	Title of Signer (Print or Type)	April 27, 2005
of Signer (Print or Type) el R. Glaser	Assistant Secretary	
· • • • • • • • • • • • • • • • • • • •	1	

____ ATTENTION _____

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)